



Ric Gonzalez Memorial Foundation Scholarship Program

Ric Gonzalez Memorial Foundation ■ 1670 Highwood East ■ Pontiac, MI 48340
Phone: 248-548-6010 ■ RGMF@Gonzalez-Group.com ■ www.RGMF.net

ENROLLMENT VERIFICATION FORM

To Be Completed by the Student

This form is required. Please complete the information below and sign and date the release of information section. Ask an official from your College or University's Registrar's Office to complete the remainder of the form and submit it to RGMF within 30 days of registration, for students on a semester system, or within 45 days of registration, for students on a quarter/trimester system. Please note that an Enrollment Verification Form signed and dated before the term has begun, acceptance letters, class schedules, registration forms, or any other form will not be accepted in lieu of a valid Enrollment Verification Form signed and dated after the term for which full-time enrollment is being verified has begun.

Applicant's full name _____
Social Security number _____ / _____ / _____
Institution name _____
Institution branch _____

Release of Information

I grant permission to release all information regarding verification of enrollment, financial aid, or other application-relevant concerns to the scholarship grantors of the scholarship program, as deemed necessary by the Ric Gonzalez Memorial Scholarship Fund. I also authorize the scholarship grantors to share this information for the purposes of recruitment, public relations, possible employment, or any other related activity.

Signature of Applicant _____

Date _____

To Be Completed by the Office of the Registrar

Please have your school complete the enrollment certification below. Once the form is completed send it to the Ric Gonzalez Memorial Scholarship Fund at the above address or email it to rgmf@gonzalez-group.com. The awarded amount is valid for 5 years from the date the student received the award.

Enrollment Certification

- Complete this form once the students enrollment (*not registration*) can be verified.
- I certify that the above named student is currently enrolled for the (specify fall, winter, spring, or summer) _____ term, which begins on _____ and ends on _____.
- Cumulative Grade Point Average (if available) _____
- Degree Status (check one) Degree-seeking Non Degree-seeking
- I certify that this student is a (circle one) **FULL-TIME** / **HALF-TIME** / **LESS THAN HALF-TIME** student.

Signature and Seal of Authorized Official

School Official's Title and School Stamp

Date

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Phone